MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICANT(S)

FILING DATE

		 -	4.77	7. P. P.	· · · · · ·		CLAIMS						
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
$\frac{1}{2}$	 /	 				· ·	51						
3	 	1					52 53		 				
4		1					54			<u> </u>			
5						<u> </u>	55			F			
6	ļ	1.1					56						
8	 	11			<u> </u>		57						
9	 						58 59						
10							60						
11							61			-,			
12	<u> </u>						62						
13	 	ļi					63						
14 15	 		·				64						
16							65 66						
17							67						
18							68						
19							69						
20 21							70						
22							71 72						
23							73						ļ
24							74						
25							75						
26 27							76						
28		i					77 78						
29	,						79		 -				
30							. 80						
31						` `	81						
32 33							82						
34							83 84						
35							85						
36							86						
37							. 87						
38 39		·		<u>_</u>]	88						
40							89					-	
41							<u>90</u> 91						
42							92						
43							93						
44							. 94						
45 46							95						
47							96		<u>_</u>				
48							97 98		<u> </u>				
49							99						
50							100		- 			 	
TOTAL IND.		#		₽		#	TOTAL IND.		1	•	1		T
DEP.	T	+	•	(= [•	(=	TOTAL DEP.		(-		+	——!	4
TOTAL	9						TOTAL	E		18		13	